

Year 2019 Template Objectives for Childhood Lead Consolidated

Legend

A Objective Statment	D Input Activities	G For your Information
B Deliverable	E Base Line for Measurement	
C Context	F Data Source for Measurement	

1.

- A. Template Objective 1
Blood Lead Testing
By December 31, 2019 XX children at risk for lead poisoning who reside in (insert name of jurisdiction) will receive an age-appropriate blood lead test.
- B. A report to document the number of unduplicated children at risk for lead poisoning residing in (insert name of jurisdiction) who received a blood lead test at the appropriate ages: age 1 and age 2, or at least once between the ages of 3 to 5 years if the child has no previous test documented. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1,2020.
- C. Acceptable value for this objective is up to \$18 per blood test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months AND around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing the Medicaid fee-for-service or the appropriate managed care organization. See references: Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4,2012) and the Wisconsin Handbook for Local Health Departments.
- C.
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- F. An agency-generated report. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.
- G.

2.

- A. Template Objective 2
Environmental Lead Hazard Investigations
By December 31, 2019, xx environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to [10 or 5 (choose one)] micrograms per deciliter who reside in (insert name of jurisdiction).
- B. A report to document: 1) the number of children with a blood lead level greater than or equal to [10 or 5 (choose one)] micrograms per deciliter; and 2) the number of associated environmental lead hazard investigations that were completed. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.

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- C. Acceptable value for this objective is up to \$1,100 per environmental lead hazard investigation. The most important factor in managing childhood lead poisoning is reducing the child's exposure to lead. CDC recommends that environmental investigations be conducted in housing where a child with a venous blood lead level greater than or equal to 5 micrograms per deciliter lives, where the child spends a significant amount of time, secondary residences, and other areas where the child (or other children) may be exposed to lead hazards (e.g., in buildings with more than one housing unit, conduct inspection not only in the elevated blood lead child's residence, but also in adjacent units where children could be at risk).
- When notified that a child has a blood lead level greater than or equal to [10 or 5 (choose one)] micrograms per deciliter, the public health agency will conduct an environmental lead hazard investigation. A full environmental lead hazard investigation meeting the requirements of DHS 163 and using the DHS templates must be completed. This includes a risk assessment of the property, a risk assessment report, issuance of a property owner work order letter with work specifications to address the identified lead hazards and a scope of work, conduction of a property clearance and completion of a clearance report indicating that the hazards have been controlled.
- The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 7 and Appendix B of the WCLPPP Handbook for Local Health Departments and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see reference: "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012).
- Local health departments should seek third party reimbursement for environmental lead hazard investigation and clearance for Medicaid-enrolled children by billing Medicaid for these services.

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An agency-generated report. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.

3.

- A. Template Objective 3
Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter)
Throughout the 2019 contract period, residents from the jurisdiction of the (insert name of jurisdiction) will receive comprehensive follow-up services that are provided at a blood lead level greater than or equal to 5mcg/dL.
- B. A report to document the extent to which each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a venous confirmation test; 2) the number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and, and 3) the number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying risk assessment reports, work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.

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- C. There is no designated value range for this objective. This objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program and individual interventions for children with low level lead exposure. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. A full environmental lead hazard investigation meeting the requirements of DHS 163 and using the DHS templates must be completed. This includes a risk assessment of the property, a risk assessment report, issuance of a property owner work order letter with work specifications to address the identified lead hazards and a scope of work, conduction of a property clearance and completion of a clearance report indicating that the hazards have been controlled.
- The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 7 and Appendix B of the WCLPPP Handbook for Local Health Departments and is conducted at lower blood lead levels than required by state statute (Wis. Stat. 254). Also see reference: Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012).
- Local health departments should seek third party reimbursement for nursing education home visit and environmental lead hazard investigation and clearance for Medicaid-enrolled children by billing Medicaid for these services.

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- F. An agency-generated report. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.

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4.

- A. Template Objective 4
Capacity Building for Lead-Safe Renovation
By December 31, 2019, xx contractors, rental property owners or maintenance staff from (insert name of jurisdiction) will demonstrate knowledge of lead-safe renovation through completion of a course conducted by a certified training provider.
- B. A report to document: 1) the number of contractors, rental property owners or maintenance staff who gained knowledge of lead-safe renovation, as evidenced by successful completion of a post- test; and 2) the name of the certified training provider that conducted the lead-safe renovation course. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267- 0402) by February 1, 2020.
- C. Acceptable value for this objective is up to \$260 per anticipated course attendee. A certified training provider must conduct this standardized 8-hour, lead-safe renovation training course. The training components include: 1) health effects of lead poisoning; 2) regulations; 3) pre-renovation education requirements; 4) preparing the worksite; 4) non-abatement lead hazard control activities; and 5) clean-up and disposal; 6) final cleaning verification; and 7) recordkeeping. Successful completion of the course requires a score of at least 70% on a post-test given by the certified training provider. The Wisconsin Lead-Safe Renovation Rule (DHS 163) protects occupants, especially children, from being exposed to lead-based paint hazards during and after renovation, repair and painting activities that disturb painted surfaces. The rule regulates renovation, repair and painting activities performed for compensation in housing and child-occupied facilities built prior to 1978.

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- F. An agency-generated report. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.

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5.

- A. Template Objective 5
Lead-Safe Housing Units
By December 31, 2019, xx pre-1950 housing units located in (insert name of jurisdiction) will be made lead-safe.
- B. A report to document the number of individual housing units that were assessed, year the housing units were built, and results of clearance testing after lead paint hazards have been corrected. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.
- C. There is no designated value range for this objective. Prior to 1950, paint companies produced paint with a high content of lead. Children living in pre-1950 housing are at a high risk for lead poisoning due to deteriorated lead-based paint. The most important method to prevent lead poisoning is to correct lead hazards in older housing. This objective may involve partnering with local housing or weatherization agencies, contractors or builders to assure older housing meets lead-safe standards. For example, a local health department may be able to provide lead hazard investigation and/or property clearance services. A lead-safe standard requires that, at a minimum: 1)all paint will be intact; and 2) the property passes clearance standards (visual inspection of work completion and dust wipe testing) as specified in DHS 163. An interpretation by Department of Health Services legal staff indicates that "(GPR) grant money could be used to purchase and install materials to make high-risk properties safe . . . if the grant specifies this" (communication from Eric Wendorff, 04/02/03). This objective allows for the purchase of windows, window well liners, doors, or other components that have a high or medium impact on reducing the lead hazards in a property. A local health department that is working with the local agency that distributes the Community Development Block Grant (CDBG), Small Cities or HOME funding can select this objective to reflect an outcome of the partnership, i.e., the number of lead-safe housing units that will result from the collaboration.
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- E.
- F. An agency-generated report. This report should be faxed to the Childhood Lead Program (confidential fax line: 608-267-0402) by February 1, 2020.
- G.